COUNTY OF LOS ANGELES EXPENSE CLAIM

		DEPARTMENT OF MENTAL HEALTH		
TO		HEADQUARTERS	HEADQUARTERS DATE OF CLAIM	
		Date of Claim		
		PERIOD OF CLAIM		
SHOW PURPOSE OF TRIP		ITEMIZE IN DETAIL		
DATE	DESCRIPTION OF EXPENSE	PLACE WHERE INCURRED	AMOUNT	
I HEREBY CERTIFY THAT THE ABOVE EXPENSE WAS NECESSARILY INCURRED IN THE		N THE TOTAL CLAIMED		
PERFORMANCE OF MY DUTY,				
AS		APPROVED		
CLAIM IS HEREBY	MADE FOR REIMBURSEMENT AS ITEMIZED ABOVE.	_		
		_		
SIGNED Claimant			TITLE	
76E928 - Cdb 9-68				